STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED	
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		IL6009831	B. WING		03/08/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
SWANSE	EA REHAB HEALTH C	ΔRF	RTH SECONI A, IL 62226		
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S 000	Initial Comments		S 000		
	Complaint #164095 Complaint #164106 F314, F425	21/IL83375 - no deficiency 57/IL83533 - F314 55/IL83662 - F157, F312, 57/IL83687- F314, F425			
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations :			
	300.610a) 300.1010h) 300.1210b) 300.1210d)1)2)3)5 300.1220b)3) 300.1620a) 300.1630d) 300.3220f) 300.3240)a)				
	a) The facility shall he procedures governing facility. The written pube formulated by a Formulated by a Formulated consisting administrator, the admedical advisory color formulated advisory color formulated and other policies shall comply. The written policies the facility and shall by this committee, divided and dated minutes of the facility and shall by this committee, divided and dated minutes of the facility and shall by this committee, divided and dated minutes of the facility and shall by this committee, divided and dated minutes of the facility and shall be and dated minutes of the facility and shall by this committee, divided and dated minutes of the facility and shall be and dated minutes of the facility and shall be a facility an	dvisory physician or the ammittee, and representatives or services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed of the meeting.		Attachment Statement of Licensure	
	,	ledical Care Policies notify the resident's physician ry, or significant change in a	TOTAL THE TRANSPORT AND THE TRANSPORT		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 03/31/16

If continuation sheet 1 of 32

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly

Illinois Department of Public Health

administered.

2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and

made by nursing staff and recorded in the

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who

resident's medical record.

emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be

CANADA MARIA	epartment of Public		OVON BRIEFIED	T COMETRICTION	(X3) DATE S	SUBVEY
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMPL	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
			National Control of Co		C	
		IL6009831	B. WING		03/0	8/2016
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59999	Continued From pa		03333			
	enters the facility w	ithout pressure sores does not	A CONTRACTOR OF THE CONTRACTOR			***************************************
	develop pressure s	ores unless the individual's	A-000000000000000000000000000000000000			
		monstrates that-the pressure			1	
		lable. A resident having	1.000		and the same	
	pressure sores sha	Il receive treatment and				
	services to promote	healing, prevent infection,				
		essure sores from developing.				
	f.	Supervision of Nursing	de malabidoreno			
	Services					E 10 00 00 00 00 00 00 00 00 00 00 00 00
	h) The DON shall s	upervise and oversee the				
	b) The DON shall s	the facility, including:	diagraphia fivor			
	3) Doveloping an III	p-to-date resident care plan for	And in contrast			Name of the last o
	each resident base	d on the resident's	Procedurate			
	comprehensive ass	sessment, individual needs				
	and goals to be acc	complished, physician's orders,				
		and nursing needs. Personnel,				
		services such as nursing,	Avenue de la companya del companya de la companya del companya de la companya de			
		nd such other modalities as	ADDITION OF THE PARTY OF THE PA			
		physician, shall be involved in	with the second			
	the preparation of the	he resident care plan. The	production of the control of the con			
		ing and shall be reviewed and	and the state of t			
	modified in keeping	with the care needed as	- ALAMANIA AND AND AND AND AND AND AND AND AND AN			
	indicated by the res	ident's condition. The plan				
		t least every three months				
		Compliance with Licensed	Average and the second			
	Prescriber's Orders		YE DALAM BENYAL			
	a) All medications s	shall be given only upon the	Anna and and and and and and and and and			
	written, facsimile or	electronic order of a licensed	designment			
		simile or electronic order of a	responsible			
		shall be authenticated by the	non-harayery			
	licensed prescriber	within 10 calendar days, in	Pondiversion			
	accordance with Se	ection 300.1810. All such	entimotocole de la constanta d			1 manual 1994 k 1900
		ne handwritten signature (or	ns silanorem a virale			
	(Dubbor stomp sign	the licensed prescriber. natures are not acceptable.)	Rodalbry Gooss			
	Those medications	shall be administered as	milit connectation			
		nsed prescriber and at the	terrende de la constante de la			· Comments of the comments of
	designated time.	ised prescriber and at the	numerica e apidilità			
	Section 300 1630 A	Administration of Medication	Titrans voman			

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview, observation and record review, the Facility failed to assess/evaluate, treat and prevent pressure ulcers for 3 of 5 (R2,R9, R10) reviewed for pressure ulcers in the sample of 10. This failure resulted in R9's pressure ulcers worsening to Stage 4 with osteomyelitis. Findings include: 1. R9's Diagnosis List, dated 7/16/15, documents R9 was admitted to the facility on 7/16/15 with diagnoses in part: sacral decubitus, spinal cord injury, and schizophrenia. R9's Admission Assessment, dated 7/16/15,

documents "2 open areas 1) left buttocks centimeters (cm) x 2 cm x 2.3 cm. 2) Sacral 8

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	LE CONSTRUCTION 5:	(X3) DATE SURVEY COMPLETED	
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	IL6009831	B. WING		1	8/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
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document R9 was seein Practitioner, in-house un sent to Z2, Wound Man treatment of a stage 4 s an unspecified stage rig R9's Admission Minimum 7/23/15, documents R9 requires extensive assis Activity of Daily Living (Adeveloping pressure ulcers. R9's que 1/20/16, documents R9 requires extensive assis ADL's, and has 2 stage R9's Care Plan, dated 7 10/20/15 and 12/26/15, that R2 is non compliant R2's Care Plan docume IV, ischial ulcer stage IV ulcer osteomyelitis: Improduition and no further admission review and calorder- See Physician Or current treatment cleans and/or dressing. Assess weekly and PRN (as need Notify Medical Doctor (Mor if no improvement of current treatment. Moni infection-redness, draina function, pain. Report si	ent Details, dated 8/6/15, ng Z4, Wound Nurse ntil 11/9/15 when R9 was nagement Physician, for sacrum pressure ulcer and ght ischium pressure ulcer. Im Data Set (MDS), dated is cognitively intact, stance from one staff for ADL's), is at risk for cers, and has 2 stage 3 uarterly MDS, dated is cognitively intact, stance from staff for 4 pressure ulcers. In 16/15, with updates has no documentation at with dressing changes. The entire is a compared to the entire in sking the entire in sking the entire in sking medicine application and measure wound eded). Skin check daily. MD) if condition worsens wound over time with itor site for age, foul smell, decline in signs of infection to MD for (antibiotic) per orders see	\$9999			

Illinois Department of Public Health

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	protein level of 7.5 v	d 11/17/15, documents a with a normal range of 5.7-8.2 el of 3.2 with normal range of				
	dated 7/16/15 upon	re Ulcer Risk Assessment, admission, and on 12/26/15, gh risk for pressure ulcers.				
	Record (TAR) documed ressing changes of 11/17, 11/19, 11/25, the back of the TAR (warm and dry) Colococcyx and right ison Area around coloston.	5 Treatment Administration ments R9's refusal for n 11/4, 11/5, 11/7, 11/14, and 11/29/15. On 11/18/15, documents a note "skin w/d or good. Open areas to hium continues. Heels intact. omy with some redness noted reas noted. On 11/19/15, the				4
	back of the TAR door for me to change it, when she goes to be that dressing chang done on 11/19/16 at R9. Wound measure	cuments a note "(R9) refused says she wants it to change ed." No other documentation e to R9's sacral wound were ta later time as requested by rements documented on the				
	coccyx 7.7 cm x 8.2 9-12 o'clock 1 cm w Ischium 3 cm x 2.3 no odor. 11/11/15 n	vember as follows: 11/4/15 cm x 1 un (undermining) with mild drainage and no odor. cm x 1 with mild drainage and neasurement 1) coccyx 7.5 cm undermining 9-12 at 1.2 cm				
	with mild drainage a cm x 2.5 cm x .1 cm odor. 11/18/15 cocc draining and no odo mild drainage and n	and no odor. 2) ischium 2.8 in with mild drainage and no cyx 7.1 x 7.7 x .9 with mild ir. Ischium 3 cm x 7.1 x 3. o odor. 11/23/15 coccyx 7 cm				
	Ischium 3 cm x 2 cm and no odor. No oth left lateral malleolus	hild drainage and no odor. n x 2 cm with mild drainage her documentation for R9's pressure area or any skin 11/30/15 when R9's wound				

		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G:		E SURVEY MPLETED
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pilene		PROVIDER OR SUPPLIER	ARF 1405 NOF		STATE, ZIP CODE	GENERAL AND	
•	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
	S9999	clinic identified the real R9's Physician Order Wound Doctor, date wound with normal swound cleanser. May wound with mild sood dressing: Left lateral wound center only. Iateral malleolus: for Frequency of dressing every other day." R9's Physician Order document for sacrum lateral malleolus to saline. "Clean wour shower and/or clean wounds, santyl ointraleft lateral malleolus sacrum and right is commalleolus-foal and k X-ray and MRI (Magnett ankle- subacute foot." R9's Telephone Order Doctor, documents of outer ankle) with the medihoney/calcium dressing. Changed of R9's Physician Order document for sacrum lateral malleolus to consider ankle wounds and/or cleanse wour lateral malleolus to consider ankle wounds.	er Details from Z2, R9's ed 11/30/15, document: "clean saline. Clean wound with ay shower and or cleanse ap and water. Primary wound al malleolus-santyl ointment-in Secondary dressing-left sam and kerlix gauze. ng changes- change dressing er Details, dated 11/30/15, m, right ischium, and left clean wound with normal and with wound cleanser. May see wound with mild soap and and Dressing: for right ischium and sacrum nent in wound center only for s. Secondary Dressing for chium-foam. For left lateral erlix gauze. Radiology: netic Resonance Imaging), osteomyelitis, left ankle and er (TO) from Z1, R9's Medical on 12/1/16: "Cleanse (left raworks, apply alginate. Cover with	S9999			

Illinois Department of Public Health

PRINTED: 04/15/2016

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 for right ischium and sacrum wound, wound gel and alginate-medihoney for left lateral malleolus. Secondary dressing for right ischium, sacrum and left lateral malleolus- foam. Consults: Podiatry-to nail trimming. Notes: Please obtain MRI pelvis and left ankle as directed." R9's Physician Order Details dated 12/14/15 document for sacrum, right ischium and left lateral malleolus to clean wound with normal saline, clean with wound cleanser. "May shower and/or cleanse wound with mild soap and water. Primary Wound Dressing: alginate-medihoney for right ischium, sacrum wound, and right great toe, wound gel and alginate-medihoney for left lateral malleolus. Secondary dressing for right ischium, sacrum, right great toe and left lateral malleolus- foam. Notes: Please obtain MRI pelvis and left ankle. Send reports when available, obtain foam booties and have patient wear at all times." R9's December 2015 TAR documents daily skin checks were not done 12/18-12/31/15. R9's TAR further documents no dressing changes to R9's sacral wound, ischial wound and left outer ankle from 12/19-12/25/15. R9's TAR documents on 12/1/15, left outer ankle 2.3 x 2 x .5, mild drainage and no odor. Ischium 3 x 2.1 x 2, sacral 7.1 x 7.7 x 0.9, both with moderate drainage and no odor. On 12/8/15, R9's left outer ankle measurements as 2 x 2 x .5, mild drainage and no odor. Coccyx 7 x 7.5 x. 9, mild drainage and no odor. Ischium 3 x 2 x 2 with mild drainage and no odor. On 12/14/15, measurements for left

Illinois Department of Public Health

outer ankle 2.7 x 2 x 1.8 mild drainage, no odor. Coccyx 7.1 x 9 x 0.9 with mild drainage and no odor. Ischium 3 x 2.3 x 0.4 with mild drainage and no odor. On 12/29/15 measurement: 1) sacrum 7.4 x 8.3 x 0.9 cm with moderate

Illinois D	epartment of Public	Health	-		(V2) DATE	SURVEY	
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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:				
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		IL6009831	B. WING		03/	08/2016	
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0000			dom state a dott				
	drainage, no odor.	2) right ischium 2.7 x 2 x 1.8,	Security (Security Security Se				
	tunnel time 7, 1.8 c	m moderate drainage and no	Province and a second s				
	odor. left lateral m	alleolus 3.2 x 2.5 x 0.7 with	and overlain the second				
	mild drainage, no c	odor. There is no		Department of the second of th			
		the week of 12/21/15	A A A A A A A A A A A A A A A A A A A				
	documented.			4			
	DOL DI LILIA OLA	Las Datail, datad 1/5/16					
	R9's Physician Ord	der Detail, dated 1/5/16,					
	documents: "subq	debride. left ankle more ankle scheduled for 12/10/15					
	necrotic MRI lett a	NH to reschedule."				40.0	
	canceled. Will ask	NH to rescriedule.					
	DOI: 1	TAR documents no dressing	uniment manifelia			and 40000 C 1997	
	changes to seeral	pressure ulcer from 1/15/16	ynavit lidd file				
en announce de la company de l	changes to sacrai	The TAR further documents the	O THE STATE OF THE			ALIAN A KARA	
	through 1/31/10. I	noney to wound bed for ischial	op.				
	treatment of medic	out. The TAR documents the	a university of				
	trootmont for left o	uter ankle with medihoney is	open-parameter constraints				
	also crossed out F	R9's order, dated 12/28/15, for	No. of the contract of the con				
	sacrum, right ischi	um wound is	1.0 (100)				
	Alginate-medihone	ey and the left lateral malleolus	(A) A displayed				
	dressing is wound	gel, alginate-medihoney.	AAAAAAA				
	Cover all with foan	n. R9's wound dressing order					
	for 1/5/16 1/14/16	, 1/21/16 for sacrum, right					
	ischium and left la	teral malleolus is	Adoptive Property Control of the Con				
	alginate-medihone	ey. Cover all with foam					
	dressing, R9's Jar	nuary TAR further documents					
	measurements on	1/4/16 sacrum 7.4 cm x 8.3 x		4444			
***************************************	0.9. right ischium 2	2.7 x 2 x 1.8 cm, left lateral hell	Contraction of the Contraction o				
C- C	$3.2 \times 2.5 \times 0.7$. All	I wounds with moderate	100	Linear			
	drainage. No odor	. On 1/11/16, sacrum 7.3 x 8 x	To the second se				
D.C.	0.7. right ischium 2	2.6 x 1.8. 1.8, left lateral mild	POLITAGIANOPPE				
	drainage, no odor.	I malleolus 3.4 x 2.3 x 0.5.	person of distribution				
	Mild drainage, No	odor. On 1/18/16 sacrum 7.3	< Comments	- Mahananan		77,1111	
	7.8 x 0.7. Right isc	chium 2.5 x 2 x 1.7. Left lateral	Mary 406681.00				
Parameter State of St	malleolus 3.3 x 2.1	1 x 0.4. All having mild				AAAANAANIIII	
	drainage. No odo	r. 1/25/16 sacrum 7.7 x 8.5 x 1	y News	Parameter			
	undermining 3 cm	. Moderate drainage. No odor	and				
	Right ischium is 1.	$.7 \times 0.6 \times 1.6$, tunneling 1 cm,					
	mild drainage, no	odor. Left malleolus 3.4 x 3.2	<				
Illinois Depa	rtment of Public Health				If continu	uation sheet 9 of 3	
			6899	1.5GE11	ii commit		

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	
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		IL6009831	B. WING		1	8/2016
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SWANSE	A REHAB HEALTH C	O TTT I TO THE	A, IL 62226	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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	dressings were not back of R9's TAR of get her Treatment of and she said she will lateraround 11-11 want to be touched documentation that dressing changed if R9's Wound Clinic, date Registered Nurse (and documents the with (E3) regarding for pressure relief. (R9) had MRI of pscheduled for trans of ankle (no record MRI being done). Out what happened Wound care Commodocuments Z3 spoof left ankle. "(E3) of the pelvis had sidone. That is sche AM."	Communication Log from the d 1/5/16, documents Z3, RN) called and spoke with E3 e following: "Called and spoke order for MRI and foam boots elvis on 11/25/15 and was sportation for 12/10/15 for MRI in hospital system of ankle (E3) is going to call and find I with that test." Inunication from 1/21/16 ke with E3 to follow up on MRI stated she sent over the MRI et up MRI of the ankle to be eduled for January 26 th at 8				
	dated 2/25/16, door measurements as 2.1 cm with underrending at 5 o'clock Classification: Ca Margin: fibrotic so Amount, Type and brown, green. For	ssment from Wound clinic, cuments sacrum wound follows: "Length 10.2 x 7.6 x mining starting at 7 o'clock and to Wound description: tegory/Stage IV, Wound ar, thickened scar, Exudate Color: Large, Purulent, yellow, oll odor after cleansing: yes, yes; Muscle exposed: yes;				

Bone exposed: Yes, Assessment Notes
Bandage removed was not dated; heavy purulent

Illinois Department of Public Health

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	IL6009831	B. WING	C 03/08/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SWANSEA REHAB HEALTH CARE

1405 NORTH SECOND STREET SWANSEA. IL 62226

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S9999	drainage with strong odor upon removal. Purulent drainage noted leaking into and beginning to saturate her depends around the dressing. Positive odor after cleansing. New bone exposed in wound bed." R9's Wound Assessment, dated 2/25/16, documents right ischium wound measurements as follows: "Length 0.4 x 1 x 1.5 cm. Wound description: Classification: Category/Stage III, Wound Margin: distinct; Exudate Amount, Type and Color: Medium, serosanguinous, red, brown. Foul odor after cleansing: no. Assessment Notes: There was no dressing on this wound upon arrival." R9's February 2016 Treatment Administration Record (TAR), documents R9 refused treatment to left ankle on 2/9/16, and 2/12/17 through 2/24/16. The treatment documented on the TAR is "calcium alginate with bordered foam to left ankle and non bordered to left heel daily." R9's TAR where refusals were documented does not document any reasons for treatment refusals for R9's left ankle. A 2nd page of R9's February TAR documents treatments for R9's sacrum, Right ischium and Left lateral malleolus with no start date as follows: "cleanse with wound cleanser-apply medihoney alginate cover with ABD (absorbent dressing), change every other day." The treatment order from Z2, dated 2/4/16, documents for R9's sacral, right ischium, and left lateral malleolus pressure ulcers - "Medihoney alginate, bordered foam." R9's treatment order changed on 2/18/16 to prisma with foam for R9's sacrum, right ischium and left lateral malleolus pressure ulcers. R9's February TAR does not document the Medihoney or the prisma dressing change orders. The February TAR does not document any measurements from 2/1/16 through 2/25/16 of R9's sacral, right ischium or	\$9999		
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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 11 S9999 left lateral malleolus pressure areas when R9 was admitted to the hospital for osteomyelitis of decubitus. R9's POS, dated 2/9/16, documents a copy of a prescription from Z2 on 2/4/16, faxed 2/9/16, for Keflex 500 milligram (mg) three times a day (TID). R9's POS documents a copy of a prescription order from Z2, dated 2/11/16, faxed 2/12/16, for Ceftin 500 mg one twice daily (BID) and Doxycycline 100 mg BID. The fax sheet further documents "start these antibiotics, stop Keflex until appointment with (Z5, Infectious Disease Doctor)." The sheet has a handwritten note, dated 2/23/16, 1 PM to start above as written. R9's February 2016 Medication Administration Record (MAR) documents Keflex 500 mg TID x 14 days started on 2/9/16 and ended on 2/23/16. This should have stopped on 2/12/16 as ordered. The February 2016 MAR further documents Ceftin 500 mg one BID x 21 days and Doxycycline 100 mg one BID x 21 days started on 2/24/16. These should have started on 2/12/16 as ordered. R9's Nursing Notes, dated 2/9/16 9 PM, document, in part: "Started Keflex this evening." R9's Nursing Notes, dated 2/23/16, document: "1 PM: Wound clinic notified that orders faxed over on 2/12/16 were never initiated and order received to start antibiotics as ordered."

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R9's Wound Assessment from Wound Clinic, dated 2/4/16, documents left lateral malleolus measurements: "Length 3.8 x 3.2 x 1 cm. Wound description: Classification:

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	Category/Stage IV.	Wound Margin: distinct,				
	Exudate Amount, Ty	ype and Color: Medium,				
		d, brown. assessment Notes				
		emoved was dated 2/21/16; eeping from bandage. Strong				
		positive odor after cleansing.				
	Wound bed is moist	t and soft."				
	R9's Debridement F	Detail from Wound Clinic,				
		2/25/16 documents, R9's left				
	· · · · · · · · · · · · · · · · · · ·	crum, and right ischium was				
	debrided.					
	dated 2/25/16, docu acquired date: "11/3 Length 3.5 x 2.6 x 1 Classification: Cate Margin: distinct, Ex Color: Large, Purule Foul odor after clear yes; Fat layer exposyes. Assessment N removed was dated weeping from bandaremoval; positive od bed is moist and sof	sment from Wound Clinic, sments left lateral malleolus 30/2015; measurements: cm. Wound description: gory/Stage IV, Wound udate Amount, Type and ent, yellow, brown, green. In sing: yes. Fascia Exposed: sed: yes; Muscle exposed: lotes Bandage that was 2/21/16; purulent drainage age. Strong odor upon lor after cleansing. Wound fit."				
	dated 2/25/16, docu malleolus has redde 1 pressure ulcer 2.2 feet dry and scaly, b toes. Dressing on le	ments: "Notes; right medial ened area appears to be stage length x 2.5 width; bilateral ilateral toenails curled under eft malleolus has purulent at; date on it 2/21/16. Strong				
Programme de Administration de La company	documents for sacru	r Details, dated 2/18/16, Im, right ischium and left hange dressing every other			A to the second state of t	

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 13 day. Clean wound with normal saline. Clean wound with wound cleanser. May shower and/or cleanse wound with mild soap and water. Wound dressing: prisma. Secondary dressing: foam. Off loading: keep weight off area of wound at all times, felt/foam/ortho-wedge/surgical shoe-foam booties, do not sit for long periods of time. Notes: continue antibiotics." R9's Progress note from Wound Clinic, dated 2/18/16, documents in part: "subq debride. appeared that ankle dressing had not been changed recently. On Ceftin/doxy for osteo." R9's Progress note from Wound Clinic, dated 2/25/16, documents: "concerns remain regarding dressing changed. one wound has not dressing. one wound last changed 2/21 (dated) per wd care nurse, cont prism/foam, discussed with hospitalist, will admit for social service evaluation." R9's History of Present Illness (HPI) Progress Note Details from Z2 dated 11/9/15, 11/30/15, 12/7/15, 12/14/15, 12/28/15, 1/5/16, 1/14/16. 1/21/16, 2/4/16, 2/18/16, 2/25/16, and 3/4/16 documents: "Patient has an ulcer to sacrum/r (right) gluteus, deep stage 4. Pt device used in NH (Nursing Home) not working properly needs KCL wound vac to date, no wound vac obtained in nursing home. Tissue cultures showed slight growth of e coli." R9's Problem list from Wound Clinic, dated 2/25/16, documents Pressure ulcer of right hip,

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unspecific state, pressure ulcer of contiguous site of back, buttock and hip, stage 4 and subacute

R9's Physician Order Details, dated 2/25/16,

osteomyelitis, left ankle and foot.

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C B. WING IL6009831 03/08/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 14 documents for sacrum, right ischium and left lateral malleolus: "Change dressing every other day, clean wound with normal saline. May shower and or cleanse wound with mild soap and water. Wound dressing: Prisma Secondary Dressing: Foam; Off-loading: keep weight off area of wound at all times. felt/foam/ortho-wedge/surgical shoe-foam booties. Notes: continue antibiotics. Patient being admitted for stage 4 pressure ulcer." R9's Hospital records, dated 2/25/16, document, in part: "chief complaint, decubitus ulcer, osteomyelitis. History of Present Illness: 39 year old female with subtotal colectomy and ileostomy, sacral decub ulcers with chronic osteomyelitis was here at the wound care center and was sent in by (Z2) for poor care at the nursing home. According to him the patient did not have dressing changed since the last time she was seen at the wound care center about a week ago ... " R9's Encounter Discharge information, dated 2/25/16, documents: Discharge destination: admitted to hospital. R9's Hospital Nursing Notes, dated 2/25/16, document in part: "2:30 PM, (R9) admitted from wound clinic to hospital..admitting diagnosis osteomyelitis decubitus." On 3/2/16 at 10:30 AM. R9 stated she doesn't refuse dressing changes and that staff changes her dressings. R9 stated she thinks her dressings are changed daily. On 3/2/16 at 10:40 AM, E2, Director of Nursing (DON), and E14, RN, did a skin check on R9.

R9's dressing to her sacrum was soiled with old

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING __ 03/08/2016 IL6009831

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S9999	Continued From page 15 brown drainage with a foul odor. E14 st	ated R0	S9999		
	gets dressing changes on evening shift. off R9's sacrum dressing and large area sacrum/coccyx noted to have bone and tissue exposed. The wound bed was cle with theraworks and dried with 4 x 4's. A odor continued to be noted after the work was cleansed. The dressing was dated There was no dressing to R9's right isch stated "You're (R9) missing other bandaright ischium." There was no dressing to left lateral malleolus. E2 retrieved a 4 x the inside of R9's sock. E14 stated R9 g Duoderm to her left ankle. At this time, she has never seen any of R9's pressure prior to today.	E14 took over adipose ansed A foul und bed 2/29/16. iium. E14 ge on on R9's 4 from gets a E1 stated			
	On 2/29/16 at 12:00 PM, E2 stated pressulcers measurements are documented of back of TAR. E2 stated R9 goes to wou offsite so no one at the facility measure wounds. E2 stated the wound clinic measurements. E2 stated that E9 transcribes R9's measurements to the back of the TAR are turns from wound clinic. E2 stated she know why February TARS do not have measurements for R9's pressure areas. stated she was unsure why R9 had so make the pressure ulcer treatments documented a done or refusals with no reason who or	on the ond clinic her asures s fter R9 e doesn't E2 nany as not			
	documentation on re-approaching R9 at time. E3 stated she would expect staff to re-approach R9 at a later time if she was refusing, or try on different shift or re-edu E3 stated R9 has schizophrenia so some R9 is non-compliant when she is out of E3 stated she has educated staff on re-approaching R9 when she refuses tre changes. E3 stated she thought R9's druchange refusals are on R9's Care Plan.	oucate R9. etimes etimes. eatment essing			

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	and Doxycycline an 2/4/16 did not get si R9's Keflex that was Ceftin/Doxycycline si 2/23/16. E2 further dressing orders to F stated she wasn't anot being transcribe Z2. E3 confirmed the reft lateral malle the sacrum pressur aware R9 had a new malleolus.	id not know why R9's Ceftin tibiotic that were ordered on tarted until 2/24/16 or why is to be discontinued when the started continued until stated E9 transfers the R9's TAR after each visit. E2 ware that the treatments were ad or carried out as ordered by that R9 has osteomyelitis in olus pressure ulcer and also e ulcer. E3 stated she wasn't warea on the right medial				
	stated that she had dressings changed wounds. Z3 stated wound clinic on 2/18 drainage that was d stated "It takes a lor in that condition." Z pressure ulcer did n sacrum dressing "lo when R9 came for v lateral malleolus drestated R9's dressing every other day and was admitted to the 2/25/16 for osteomy and ischium. Z3 stated 1 on the inside facility was suppose foam booties. Z3 stand very spongy and Z3 stated their clinic malleolus on 11/30/2	M, Z3, Wound Clinic RN, concerns with R9 getting timely and the decline in R9's when R9 had a visit to the 8/16, R9's dressing had ried hard with blood in it. Z3 and time for drainage to set up 3 stated R9's hip/ischium ot have a dressing on and the oked terrible." Z3 stated risit on 2/25/16, R9's left essing was dated 2/21/16. Z3 are ordered to be changed when needed. Z3 stated R9 hospital on the visit on relitis to left lateral malleolus ated the clinic found a new er of R9's right ankle and the d to be offloading and using ated R9's heels are very dark d R9 is at risk for breakdown. First observed R9's left lateral 15. Z3 stated it was a stage 3 at time and now it is a stage 4				

with osteomyelitis. Z3 stated the facility did not

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 17 notify the clinic of this new pressure area on R9's left lateral malleolus, that the wound clinic discovered it during a skin check. Z3 further stated the wound clinic doesn't routinely do skin checks, but given R9's poor wound care and new areas the clinic identified, it has become routine for R9 to have skin checks done on each visit. Z3 stated the measurements on 11/30/15 for R9's left lateral malleolus were 2.4 x 1.6 x 0.3. Z3 stated R9 has never refused care at the wound clinic and is very cooperative. Z3 stated R9's pressure areas have gotten worse since treating R9. Z3 further stated that Z2 ordered X-ray and MRI of R9's sacrum and left lateral malleolus on 11/30/15, but the facility did not follow through with testing until 1/26/16 (a delay of almost 2 months) for the left lateral malleolus. Z3 stated the facility did not inform the wound clinic that R9's Ceftin and Doxycycline antibiotic duo ordered 2/11/16, were not started until 2/24/16 and that Keflex continued to be given after being discontinued on 2/11/16. On 3/3/16 at 9:42 AM, Z3 stated Z2 ordered a wound vac for R9's sacrum/coccyx and still would like for R9 to have a wound vac. Z3 stated she does not have any communication from the facility why R9 has not received a wound vac to date. Z3 stated the wound clinic was not aware the facility was not following Z2's order for wound care and that prisma was not used as ordered. Z3 stated there would be a note in the wound clinic system if the facility called and Z2 changed R9's order to calcium alginate, but there is no record of Z2 changing R9's orders. On 3/2/15 at 9:40 AM, Z2 stated he and his office staff had concerns with R9's pressure dressings

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being changed. Z2 further stated R9 comes to wound appointments and there have been times

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when R9 pressure areas are not covered. Z2 stated he ordered an MRI of R9's left ankle and sacrum and it took the facility a long time to complete the order. Z2 further stated his wound clinic identified R9's left lateral malleolus pressure area. Z2 further stated his wound clinic identified R9's left lateral malleolus pressure area. Z2 further stated the order for alginate-medihoney is a combo dressing. Z2 stated there is medihoney impregnated with the alginate. Z2 stated he expected the medihoney to be used for R9's dressing when it was ordered. Z2 stated he was not aware pressure dressing orders were not done as prescribed. On 3/4/16 2:50 PM, via telephone, Z3 stated R9 had returned to the wound clinic 3/4/16 and had the same concerns that R9 did not have dressings on her left lateral malleolus or her right ischium and R9's sacrum dressing was solled and needed to be changed. The dressing was dated 3/2/16. At this time, Z2 stated he would want R9 to have a wound vac to the sacrum pressure ulcer if patient would comply. Z2 stated the delay in proper antibiotic treatment delayed R9's treatment for osteomyelitis. On 3/2/16 at 2:04 PM, E2 stated she was unaware R9 needed a wound vac. E2 stated that E3 gets R9's Wound Physician Details with the orders and measurements from the wound clinic and that E3 transcribes the measurements and orders on the back of R9's TAR. E2 stated she did not know why there was a scheduling delay in getting R9's MRI to left lateral malleolus. On 3/3/16 at 10:28 PM, E3, Licensed Practical Nurse (LPN)/ Resident Care Coordinator, stated she was not the treatment or wound nurse. E3 stated she has been told this several times by different people but that she is E2's assistant. E3	

03/08/2016

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ С

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NAME OF PROVIDER OR SUPPLIER

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B. WING _

SWANSEA REHAB HEALTH CARE 1405 NORTH SECOND STREET SWANSEA, IL 62226							
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Illinois Depar	facility doesn't have a treatment nurse. E3 stated she oversees the treatments when she can. E3 stated "I try to oversee it all. My job is to make sure (R9 and R10) go to the wound clinic and follow up." E3 stated E1 oversees 100 hall pressure ulcers and she (E3) oversees 200 hall. E3 stated they were to ensure new orders and treatments. E3 stated she saw R9's pressure ulcers on 2/29/16 when R9 re-admitted back to the facility. E3 stated it had been 2-3 weeks since she had seen R9's wounds before then. E3 stated she gets an update from the Wound Clinic and the wound clinics measurements and documents the Wound Clinic's measurements on the back of R9's TAR. E3 stated the floor nurse does the treatments and will come and get her if they need help. E3 stated the facility gets new orders from the wound clinic via fax or it comes with residents. E3 stated once the facility gets the new orders then staff carries them out-put in Nurses' Notes, put order on TAR, and let R9's mom know of any changes. E3 stated she is unsure why R9's Keflex continued past the ordered stop date on 2/4/16. E3 stated she is unsure why R9's Ceftin and Doxycycline antibiotic due didn't start until 2/24/16 when it was ordered on 2/4/16-unless the facility couldn't get the antibiotics. E3 further stated she was unaware that Z2 wanted a wound vac put on R9's sacrum and to her (E3's) knowledge R9 never had a wound vac while at the facility. E3 stated there would be no reason why R9 couldn't have a wound vac unless it wasn't coordinated. E3 stated she did not know why there were no measurements on the back of R9's TAR for February 2016. On 3/3/16 at 11:00 AM, E1, Administrator, stated it is a joint venture between E2 and E3 for woundcare and overseeing coordination of wound tment of Public Health						

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	care. E1 stated E2 when she took over	used to do wound care but as DON it transferred to E3.				
	care. E1 stated E2 used to do wound care but when she took over as DON it transferred to E3. The Facility's Decubitus Care/Pressure Areas Policy, dated 5/2007, documents: "To ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer, once identified. Procedure: 2) The pressure area will be assessed and documented on the TAR. 3) Complete all areas of the TAR. i) Document size, stage, site, depth, drainage, color, odor, and treatment (upon obtaining from the physician). ii) document the stages of the pressure ulcer as followsiii) document the color according to the following:4)Notify the physician for treatment orders. The physicians orders should include: i) type of treatment. ii) frequency treatment is to be performed. iii)how to cleanse, if needed. iv) site of application v) no PRN order is acceptable for pressure ulcer. The order must have specific frequencies vi) Initiate physician order on treatment sheet. 5)Documentation of the pressure area must occur upon identification and at least once each week on the TAR. The assessment must include: i) Characteristic (i.e. size, shape, depth, color, presence of granulation tissue, necrotic tissue, etc.) ii) treatment and response to treatment." 2. On 2/22/16 at 12:15 PM, E2 and Z4 performed a treatment to R2's sacral wound. At this time, there were pressure ulcers present on the left and right distal buttocks. On 2/22/16 at 1:29 PM and 2/23/16 at 8:50 AM,					

Illinois Department of Public Health STATE FORM

PRINTED: 04/15/2016

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 21 On 2/22/16 at 12:15 PM, E2, stated, "I was unaware of these pressure areas. I usually don't do the treatments." On 2/22/16 at 12:15 PM, Z4, stated, "These 2 buttock pressure ulcers are new since I saw (R2) last week and I was unaware of them." Z4 further stated, "These pressure ulcers are avoidable, (R2) had a heavy bath blanket between her bottom and the low airloss mattress. The bath blanket was wrinkled and pushed into (R2's) buttock creases. There should only be a sheet between (R2's) buttocks and the low airloss mattress.' On 2/22/16 at 1:29 PM, E13, Certified Nurses Aide (CNA), stated, "I noticed her buttocks had areas where the skin was off. I did tell the nurses it was either (E7, LPN) or (E12, LPN)." E13 further stated, "This was probably on Tuesday of last week, they were smaller when I first saw them." On 2/22/16 at 1:40 PM, E7, stated, "I was unaware of new buttock wounds." On 2/22/16 at 2:02 PM, E11, CNA, stated, "I worked a double on Friday and she had 2 small blisters on her lower buttocks. I told (E12)." On 2/22/16 at 2:05 PM, Z4, stated, "If I had been made aware of the blisters. I would have ordered skin prep or betadine to be applied to the blisters

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is directly over bone."

daily in an attempt to keep them intact. Also (R2) should have been kept off her buttocks. Where these areas are if they were blisters it would be classified as a Stage 2 pressure ulcer because it

On 2/22/16 at 2:24 PM, E12, stated, "I was told

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:
A. BUILDING:

(X3) DATE SURVEY COMPLETED

IL6009831

B. WING _____

C 03/08/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SWANSEA REHAB HEALTH CARE

1405 NORTH SECOND STREET

SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
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	on Friday of (R2's) buttocks. The areas were little intact blisters. I informed (E2) and I sent the measurements to (E3) via text message." E12 further stated, "(E2) did not say anything about the wounds." E12 stated, "I determined that we were using a thick sheet under her buttocks and we changed it to a thinner sheet. (R2) has had skin issues in the past and a small change would fix it. I was hoping for the best. I did not document my measurements/ assessment of the areas, I did not inform the doctor, I did notify the family though. Not charting the wounds probably was a failure on my part."					
	On 2/22/16 at 2:45 PM, E3 stated, "I got texted over the weekend on (R2's) new wounds. (E12) was suppose to notify the doctor, family and chart on the wounds."					
	On 2/25/16 at 3:00 PM, E2 stated, "(E12) should have implemented our policy and procedure for pressure ulcers when he found the wounds."					
	R2's MDS, dated 1/21/16, documents, in part, R2 was re-admitted 1/11/16 with diagnoses of Heart Failure, Hypertension, Arthritis, Pressure Ulcer Back Buttocks and Ventricular Fibrillation. The MDS also documents, R2 was admitted with 1 Stage 4 pressure ulcer, is totally dependant on 2 staff for bed mobility and transfers and is moderately impaired with a memory problem.					
	R2's Braden Scale For Predicting Pressure Ulcer Risk, dated 11/17/16, documents R2 is at high risk for pressure ulcers.					
	R2's Care Plan, dated 1/11/16, documents, in part, "Pressure ulcer worsen upon readmission. (Pressure relieving) boots per orders see P.O.S. (Physician Order Sheet)."					

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STATEMENT OF DEFICIENCIES (X1) PRO

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	documents, "The rig II pressure ulcer me X 0.1 cm with a sma amount. The left dis pressure ulcer mea cm with a small serva amount." R2's 2/2016 Treatm does not document pressure areas/blist	dated 2/10/16 6:00 AM thru ument bilateral distal buttock				
	3. R10's admission MDS, dated 5/15/15, documents R10 was admitted on with 5/4/15 with diagnoses, in part, of Atrial Fibrillation, Coronary Artery Disease, Hypertension, Diabetes Mellitus, Cerebrovascular Accident, Depression and a Pressure Ulcer. The MDS also documents R10 had 1 Stage 2 penile pressure ulcer. R10's quarterly MDS, dated 1/25/16, documents R10 requires extensive assistance of 2 staff for bed mobility and extensive assistance of 1 staff for transfer. This MDS also documents R10 has 1 Stage 2 Pressure Ulcer and 2 unstageable Pressure Ulcers with the largest unstageable Pressure Ulcer measuring 5 cm X 5.5 cm. R10's Braden Scale for Predicting Pressure Ulcers, dated 2/10/16, documents R10 is at high risk for pressure ulcers. R10's Nurses Notes, dated 9/10/15 at 10:00 PM, document, in part, "Performed skin assessment and found blackened areas on bilateral heels. Voicemail left on (Z1's, primary physician)					

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TOTAL TOTAL OF CONCENTION IN THE PROPERTY OF T		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	documents, Skin pr shift. R10's TAR docume every shift was star R10's TAR, dated 9 heel breakdown treat X 5 cm, right heel 2 R10's TAR, dated 9 3.8 cm X 5 cm, right On 3/3/16 at 1:18 P stage pressure ulcestage (R10's) heel phave (Z4) (outside wounds. Our nurses pressure ulcers." W states that a pressure found, E2, states, "I ask (E15, Regional On 3/3/16 at 2:20 P in general are better ask them to docume everything associate R10's TAR, dated 9 6.5 cm X 8 cm, righ heels unstageable. R10's initial Wound 9/25/15, documents and right heel 4.5 cm staged by Z4 as Sus R10's TAR, dated 9 4 cm X 6 cm, right heels ask them to 4.5 cm staged by Z4 as Sus R10's TAR, dated 9 4 cm X 6 cm, right heels 4 cm X 6	rephone Order, dated 9/14/15, ep to bilateral heels every Ints skin prep to bilateral heels ted 9/11/15. Interval at the els every Ints skin prep to bilateral heels ted 9/11/15. Interval at the els at the				
	heels with betadine. R10's TAR, dated 10	documents, Paint bilateral 0/7/15, documents, Left heel neel 2.2 cm x 1.8 cm. No				
		wounds is documented.				

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R10's TAR, dated 10/14/15, documents, Left

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLET		
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IL6009831 B. WING 03/08/2	2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
SWANSEA REHAB HEALTH CARE 1405 NORTH SECOND STREET		
SWANSEA, IL 62226		
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S9999 Continued From page 25 heel 5.4 cm X 7 cm, right heel 5.6 cm x 3.9 cm. No order from wounds. R10's TAR, dated 10/23/15, documents, Left heel 5.3 cm X 6.8 cm, right heel 3.8 cm x 4 cm. No description of these wounds is documented. This was the last wound measurement for the month of October documented on the TAR. R10's 11/2015 TAR documents, Povidone-lodine 10%. Apply to both heels as directed and heels must be kept suspended. R10's 11/2015 TAR documents, daily skin checks from 11/1/15 thru 11/30/15 documents a zero under the initials. R10's TAR, dated 11/4/15, documents, Left heel 5 cm X 5.5 cm, right heel 4 cm x 3.5 cm. No description of these wounds is documented. R10's TAR, dated 11/1/1/15, documents, Left heel unstageable 6 cm X 7.5 cm with complaint of pain, right heel unstageable 4.5 cm x 4.3 cm. No description of these wounds is documented. R10's TAR, dated 11/1/1/15, documents, Left heel unstageable 5.6 cm X 7.4 cm, right heel unstageable 5.6 cm X 7.4 cm, right heel unstageable 4.4 cm x 4 cm with complaints of pain. No description of these wounds is documented. This is the last day the wounds were documented on the TAR. Z4's Progress Note, dated 11/23/15, documents, "left heel is an acute necrotic tissue (unstageable) pressure ulcer and has received a status of not healed. Wound encounter measurements are 5.2 cm X 6 cm. No undermining has been noted. There was no drainage noted. Wound bed is 76-100% dry, black eschar. Right heel is an acute necrotic tissue (unstageable) pressure ulcer and has received a status of not healed. Wound encounter measurements are 5 cm X 5.4 cm. No undermining has been noted. There was no drainage noted. Wound bed is 76-100% dry, black eschar. Patient requested to see podiatrist. Will follow up as needed. Wound treatment for		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA, IL 62226 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
ILEGO9931 NAME OF PROVIDER OR SUPPLIER SWANSEA REHAB HEALTH CARE SUMMARY STATEMENT OF DEFICIENCIES SWANSEA, IL. 62226 [X41] ID SUMMARY STATEMENT OF DEFICIENCIES SWANSEA, IL. 62226 [X41] ID SUMMARY STATEMENT OF DEFICIENCIES SWANSEA, IL. 62226 [X41] ID SUMMARY STATEMENT OF DEFICIENCIES SWANSEA, IL. 62226 PREPRIX TAG CONTINUED From page 28 both heels apply betadine to wound bed." There is no documentation of further visits of R10 by Z4. R10's TAR, dated 12/11's thru 12/17'15, documents, Powland-lodine 10's, Apply to both heels as directed and heels must be kept suspended. On 12/14'15, 120'15'15 and 12/17'15 there is no documentation that this treatment was done. R10's TAR, dated 12/8'15, documents, Left heel unstageable 6 cm x 5 5. m., right heel unstageable 6 cm x 5 5. m., right heel unstageable 6 cm x 5 5. m., right heel unstageable 6 cm x 5 cm, right heel unstageable 5 cm x 6 cm. No description of these wounds is documented. R10's TAR, dated 12/3/15, documents, Left heel unstageable 5 cm x 5 cm, right heel unstageable 5 cm x 6 cm. No description of these wounds is documented. R10's Nurses Notes document an entry for 12/7/15 rusper 12/3/15, documents to refer to wound clinic. R10's Nurses Notes for R10 for the period of 12/7/15 thru 12/30/15, E3 tated, "I don't think (R10) required daily charting form 12/7/15. The Wound Clinic Progress Note for R10's first visit, dated 12/16/16, documents, in part, Left Calcaneous: "The wound line progress Note for R10's first visit, dated 12/16/16, progress mount of drainage,					i stabilitati de como	C	
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 26 both heels apply betadine to wound bed." There is no documentation of further visits of R10 by Z4. R10's TAR, dated 12/11/15 thru 12/17/15, documents, powdone-lodine 10%, Apply to both heels as directed and heels must be kept suspended. On 12/14/15/12/15/15 and 12/17/15 there is no documentation that this treatment was done. R10's TAR, dated 12/3'15, documents, Left heel unstageable 5 cm X 5.5 cm, right heel unstageable 4.8 cm x 4 cm. No description of these wounds is documented. R10's TAR, dated 12/3'15, documents, Left heel unstageable 5 cm X 5.7 cm, right heel unstageable 5 cm X 5.7 cm, right heel unstageable 5 cm X 7.7 cm, right heel unstageable 5 cm X 5.7 cm, right heel unstageable 5 cm X 5.7 cm, right heel unstageable 5 cm X 6.7 cm X 6 cm	SVANSE	A KENAD NEALTH C	SWANSE	A, IL 62226			
both heels apply betadine to wound bed." There is no documentation of further visits of R10 by Z4. R10's TAR, dated 12/1/15 thru 12/17/15, documents, Povidone-lodine 10%, Apply to both heels as directed and heels must be kept suspended. On 12/14/15, 12/15/15 and 12/17/15 there is no documentation that this treatment was done. R10's TAR, dated 12/3/15, documents, Left heel unstageable 5 cm X 5.8 cm, right heel unstageable 5 cm X 5.8 cm, right heel unstageable 4.8 cm x 4 cm. No description of these wounds is documented. R10's TAR, dated 12/8/15, documents, Left heel unstageable 4.8 cm x 5 cm. No description of these wounds is documented. R10's TAR, dated 12/3/15, documents, Left heel unstageable 5 cm X 5 cm. No description of these wounds is documented. R10's TAR, dated 12/3/15, documents, Left heel unstageable 5 cm X 7 cm. right heel unstageable 5.5 cm x 6 cm. No description of these wounds is documented. R10's TAR, dated 12/3/15, documents to refer to wound clinic. R10's POS, dated 12/3/15, documents to refer to wound clinic. R10's Nurses Notes document an entry for 12/7/15 regarding transportation. There are no other Nurses Notes documented until 12/30/15. On 3/7/16 at 11:00 AM, when asked if there were more Nurses Notes for R10 for the period of 12/7/15 thru 12/30/15, Estated, "I don't think (R10) required daily charting during that time, but I will check." On 3/7/16 at 1:45 PM, a written statement from E2 documents that R10 was not on medications that require daily charting from 12/7/15 - 12/22/15. The Wound Clinic Progress Note for R10's first visit, dated 12/16/16, documents, in part, Left Calcaneous: "The wound measures 6 cm X 6.4 cm X 0.1 cm. No present amount of drainage,	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
tissue within the wound bed including eschar.		both heels apply be is no documentation R10's TAR, dated 1. documents, Povidor heels as directed ar suspended. On 12/1 there is no documer done. R10's TAR, dated 1. unstageable 5 cm X unstageable 5 cm X unstageable 4.8 cm these wounds is doc R10's TAR, dated 1.2 unstageable 5 cm X 5.5 cm x 6 cm. No documented. R10's POS, dated 1.2 unstageable 5 cm X 5.5 cm x 6 cm. No documented. R10's POS, dated 1.2 wound clinic. R10's Nurses Notes 12/7/15 regarding traother Nurses Notes 12/7/15 thru 12/30/1 (R10) required daily I will check." On 3/7/16 at 1:45 PNE2 documents that F that require daily challed 12/16/16, Calcaneous: "The worm X 0.1 cm. No prethere is a large (67-1	tadine to wound bed." There in of further visits of R10 by Z4. 2/1/15 thru 12/17/15, ne-lodine 10%, Apply to both and heels must be kept 14/15/,12/15/15 and 12/17/15 intation that this treatment was 2/3/15, documents, Left heel is 5.8 cm, right heel is 4 cm. No description of cumented. 2/8/15, documents, Left heel is 5.5 cm, right heel is 6 cm is 6.4 is 6 cm is 6 cm is 6 cm is 6.4 is 6 cm i	S9999			

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(X3) DATE SURVEY

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY PLETED
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		IL6009831	B. WING		03/	08/2016
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			i	PROVIDER'S PLAN OF	CORRECTION	(X5)
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		The wound measures 5 cm X				One would
	55 cm X 0.1 No.n	resent drainage, there is a	rega - season franco			
	large (67-100%) ar	mount of necrotic tissue within				
	the wound bed incl	uding eschar."				to della constanti
	The Wound Clinic	Physician Order, dated	444			
	12/16/15, documer	nts: "Left calcaneous: change				
	dressing daily, clea	n wound with normal saline,				
	clean wound with v	vound cleanse, dry sterile	ALADON OF TAXABLE STATES			
	gauze, Silver Algina	ate- over open medial eschar,	water a state of the state of t			
	Kerlix gauze. Right	calcaneous: change dressing with normal saline, clean	THE PROPERTY OF THE PROPERTY O			
	wound with wound	cleanse, dry sterile gauze,				-
	Kerlix gauze."	cidanico, ary otorne garage,	un production of the section of the			- Annual Contra
	R10's 12/2015 TAF	R documents, "Left foot 1)	AL PROPERTY OF THE PROPERTY OF			or terminal or
	cleanse wound with	h wound cleanser 2) Apply dry ;	and an one of the state of the			
	silver alginate to or	oen area 3) Cover with dry	diam's previous			
	gauze 4) Secure w	ith Kerlix and tape."	000000000000000000000000000000000000000			
	R10's 12/2015 TAF	R documents, "Right foot 1)	SACRE AND SACRE			
	cleanse foot with w	yound cleanser 2) Apply dry,	an contract for the			
	gauze 3) Secure v	vith Kerlix and tape." R documents Left and Right	VALA AAAAAAAAAA			
	fact drossings were	e completed on 12/19/16 thru	ACCAPATION OF A STATE			
	12/21/16.	e completed on 12, 10, 10 and	THE PROPERTY OF THE PROPERTY O			
	On 3/3/16 at 3:00 F	PM, E2 stated, "We have never	endamenter en			
	had silver alginate	in our building, it is not on our	delication and the second			
	formulary."		as Distribution (de			
	R10's Wound Clini	c Progress Note Detail, dated	PACONIMIP 4 A A A A A A A A A A A A A A A A A A			
	12/22/15, documer	nts, "dry gangrene has	Natural Section (Control of Control of Contr			
	converted to wet g	angrene. blood pressure low,	2349 2334 41044			0.55
	to emergency department for evaluation. The left heel measures 6 cm X 6.4 cm X 0.1 cm. There is large 76-100% amount of necrotic tissue within		MINISTER AND ADDRESS OF THE PARTY OF THE PAR			After a februaria de la companya de
manage of the state of the stat			And a sub-company			in the handed obtained
NI ANDRES SERVICES	the wound hed incl	luding eschar. The right heel	manya kadanata			Africa Administra
	measures 5 cm X	5.5 cm X 0.1 cm. There is	Anti-physical artificial			And the last of th
man and a second a	large 76-100% am	ount of necrotic tissue within	Openina and plantage			AND A A branches
N-Communication and Communication and Communicat	the wound bed inc	luding eschar."	MANAGE CONTRACTOR OF THE PROPERTY OF THE PROPE			P describe des Al-
	R10's hospital reco	ord dated, 12/22/15,	Amoracionologic			as of the second second
a secondario	documents, Date of	of Admission 12/22/15. R10's	110000000000000000000000000000000000000			AR No. children Mr.
Name of the last o	discharge record,	dated 12/30/15, documents	de la company de			2
		ses, 1. leukocytosis 2.	200000			

Illinois Department of Public Health STATE FORM

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		CONFECTED	
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	IL6009831	B. WING		03/0	08/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	1405 NOR	TH SECOND	STREET		
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osteomyelitis. Hospit which showed early cheel." R10's 1/2016 TAR do 10% Apply to bilatera must be kept suspen no documentation of R10's TAR, dated 1/2 unstageable 4.2 cm 2 odor no sign and symunstageable 3.6 cm 2 no sign and symptom measurement for R1 R10's TAR, dated 1/2 unstageable 4 cm X sign and symptom of unstageable 3.8 cm 2 no sign and symptom R10's TAR, dated 1/2 unstageable 5.4 cm 2 no odor no sign and to visualize woundbe cm x 5.8 cm X 0.1 no and symptom of infer woundbed." This is the measurements on the The Wound Clinic Ph 1/19/16, document, "dressing every other saline, clean with word gauze, silver alginate Calcaneous: change dry sterile gauze, Kerdocuments left heel 5 gangrenous with large right heel 5.8 cm X 5 with large necrotic and R10's 1/2016 TAR do	tal course: MRI was done osteomyelitis of the both ocuments, "Povidone-lodine al heels as directed and heels inded." 1/1/16 thru 1/5/16 has fithis treatment being done. 10/16, documents, "Left heel X 3.6 cm no drainage no infection, right heel x 4.2 cm no drainage no odor motion of infection." This is the first 10's heels in January of 2016. 18/16, documents, "Left heel 3 cm no drainage no odor no finfection, right heel x 4.5 cm no drainage no odor no finfection." 25/16, documents, "Left heel X 7.7 cm X 0.1 no drainage symptom of infection unable ed, right heel unstageable 5.8 or drainage no odor no sign ction unable to visualize he last date of wound the January TAR. Thysician orders, dated "Left Calcaneous: change day, clean with normal and cleaner, dry sterile to rope, Kerlix gauze. Right of dressing every other day, rlix gauze. This visit 5.4 cm X 7.7 cm X 0.1 cm ge necrotic amount of eschar, is 8 cm X 0.1 cm gangrenous mount of eschar."				

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cleanse with wound cleanser the apply silver

Illinois Department of Public Health

ILBOUGHSTAIL NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA, IL. 62225 (XA) ID SUMMARY STATEMENT OF DEPICIENCIES PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FUIL TAG REGULATORY OR ILSC IDENTIFYING INFORMATION) STAR OCCUMENTS ON 120 IDENTIFYING INFORMATION IN TAG CROSS-REFERENCED TO THE APPROPRIATE DATE SIPPO CONFIDENCY SIPPO CONFIDENCY SIPPO CONFIDENCY STAR documents on 1/20/16, 1/21/16 and 1/25/16 silver alignate unavailable. On 1/22/16, 1/23/16 silver alignate unavailable to the facility. Sisterile dressing were scheduled daily. On 3/3/16 at 10.28 AM, when asked how the dressings were being performed on R10 when Silver Alignate was on available to the facility. E3 stated, "We don't carry Silver Alignate was suppose to be used for this treatment on 1/22/16 thru 1/24/16." On 1/25/16, R10's POS documents an untimed TO from 22 to E6, "Change treatment to heels to as follows: 1) Cleanse bilateral heels with normal saline 2) left heel apply silver/dene cream with hydrogel cover with gauze wrap with kling." On 3/3/16 at 10.00 AM, Z2 (Wound Clinic Physician) stated, hydrogel adds moisture and silvadene cream has some silver properties in it, but it is different than silver alignate. "Z2 stated, "I did not order the substitution of silvadene and hydrogel for silver alignate rope and dry dressing. I do not know who did, but I did not. Hydrogel adds moisture and I am trying to dry that wound out." On 3/3/16 at 10.00 AM, Z3 stated, "There is no record of the facility calling and requesting a different treatment in the computer system." A written statement from E6, LPN, dated 3/4/16 at 10.03 AM, documents that E6 called the wound		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
ILEGO9831 B. WING 03/08/2016 SWANSEA REHAB HEALTH CARE 1405 NORTH SECOND STREET SWANSEA. IL. 62225 [X4] ID (ACA) DEPICE OR SUPPLIER SWANSEA. IL. 62225 [X4] ID (ACA) DEPICE OR SUPPLIER SWANSEA. IL. 62225 [X4] ID (ACA) DEPICE OR SUPPLIER SWANSEA. IL. 62225 [X4] ID (ACA) DEPICE OR SUPPLIER SWANSEA. IL. 62225 S9999 Continued From page 29 alginate with dry sterile dressing apply kling." This TAR documents on 1/20/16. 1/21/16 and 1/25/16 silver alginate unavailable. On 1/22/16, 1/23/16 and 1/24/16 it is documented dressing was performed. Cleanse right Calcaneous with normal saline cleanse next with wound cleanser apply dry sterile dressing and kling. This TAR documents both the left and right heel dressing changes were scheduled daily. On 3/3/16 at 10:28 AM, when asked how the dressings were being performed on R10 when Silver Alginate was not available to the facility. E3 stated, "We don't carry Silver Alginate was suppose to be used for this treatment on 1/22/16 ltru 1/24/16." On 1/25/16, R10's POS documents an untimed TO from Z2 to E6, "Change treatment to heels to as follows: 1) Cleanse bilateral heels with normal saline 2) left heel apply silverdence cream with hydrogel cover with gauze wrap with kling. 3) right heel apply sterile gauze wrap with kling. 3) right heel apply sterile gauze wrap with kling. 3) right heel apply sterile gauze wrap with kling. 3) right heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel apply sterile gauze wrap with kling. 3 light heel	SAMPORODORITA ACIDI ANA			A. BOILDING.			3
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clinic on 1/25/16 spoke with an unnamed nurse and received the order for Silvadene cream with hydrogel cover with gauze and kling wrap for a replacement for silver alginate and dry dressing.		alginate with dry stermark documents on silver alginate unavare and 1/24/16 it is documented by a performed. Cleanse saline cleanse next sterile dressing and both the left and right were scheduled dail On 3/3/16 at 10:28 // dressings were bein Silver Alginate was a stated, "We don't call have thought Calciu be used for this treat 1/24/16." On 1/25/16, R10's PTO from Z2 to E6, "Gas follows: 1) Cleans saline 2) left heel aphydrogel cover with heel apply sterile gate On 3/3/16 at 10:00 // Physician) stated, hy silvadene cream has but it is different than "I did not order the shydrogel for silver all do not know who did adds moisture and I out." On 3/3/16 at 10:00 // record of the facility different treatment in A written statement for 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM, document clinic on 1/25/16 spoand received the order hydrogel cover with great the statement of 10:30 AM and	erile dressing apply kling." This 1/20/16, 1/21/16 and 1/25/16 allable. On 1/22/16, 1/23/16 cumented dressing was a right Calcaneous with normal with wound cleanser apply dry kling. This TAR documents at heel dressing changes by. AM, when asked how the ag performed on R10 when not available to the facility. E3 arry Silver Alginate, staff may an Alginate was suppose to the to a suppose to the a suppos	S9999			

Illinois Department of Public Health

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	The Wound Clinic F document, "Left Cal every other day, cle with wound cleaner, alginate rope, Kerlix change dressing evenormal saline, clean sterile gauze, silver The wound assess and documents, "The left cm X 1 cm was gan of necrotic eschar. It cm X 5.6 cm X 0.1 clarge amount of necrotic eschar. It cm X 5.6 cm X 0.1 clarge amount of necrotic eschar. It cm X 5.6 cm X 0.1 clarge amount of necrotic eschar. It cm X 5.6 cm X 0.1 clarge amount of necrotic eschar. It cm X 5.6 cm X 0.1 clarge amount of necrotic eschar. It cm X 5.5 cm X 0.1 clarge amount of necr	Physician orders, dated 2/4/16, leaneous: change dressing an with normal saline, clean dry sterile gauze, silver gauze. Right Calcaneous: ery other day, clean with with wound cleaner, dry alginate rope, Kerlix gauze." In the el measured 5.6 cm X 6.4 grenous with a large amount of the right heel measured 6.3 cm was gangrenous with a crotic eschar." In the communication log details, ments, "Called (facility) opointment @ 1:45 PM and by do not have the order dated the form with wound center 10) will not be there today. Sit and facility was educated the hysician orders, dated be a with normal saline, clean dry sterile gauze, silver it is char, Kerlix gauze. Right with wound cleaner, dry alginate to open perieschar, yound assessment from this e left heel measured 5.6 cm angrenous with large amount the right heel measured 6.2 m gangrenous with large	59999			
		und cleaner, dry sterile				TOO COLUMN

Illinois Department of Public Health

PRINTED: 04/15/2016

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: ___ C B. WING 03/08/2016 IL6009831 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 31 gauze, silver alginate, Kerlix gauze. Right Calcaneous: change dressing every other day, clean with normal saline, clean with wound cleaner, dry sterile gauze, silver alginate, Kerlix gauze." The wound assessment from this visit documents, "The left heel measured 5.1 cm X 6.4 cm X 0.2 cm was gangrenous with large amount of necrotic eschar. The right heel measured 6.6 cm X 5.6 cm X 0.1 cm was gangrenous with large amount of necrotic eschar with a small amount of serosanguinous red brown exudate." The 2/2016 TAR documents, "Cleanse left and right heel with sodium chloride apply silvadene and hydrogel cover with gauze and kling. Treatment scheduled daily. 2/3/16 and 2/4/16 Silvadene not available dressing change done without Silvadene." 2/26/16 has no documentation of the treatment being completed. 2/5/16 TAR documents "right heel 6.4 cm X 5.3 cm X 0.1 cm small amount of drainage. left heel 6 cm X 5.8 cm X 0.1 cm small amount of drainage no odor no infection noted to both heels." 2/11/16 TAR documents "right heel 6.2 cm X 5.8 cm X 0.1 cm. Left heel 5.6 cm X 6.4 cm X 0.1 cm no odor no drainage." 2/18/16 TAR documents "right heel 6 cm X 5.7 cm X 0.1 cm. Left heel 5.5 cm X 6.2 cm X 0.1 cm no odor no drainage." No other measurements were found for 2/2016 on the TAR. On 3/4/16 at 2:50 PM, Z2 stated, "The problem with using Silvadene and hydrogel on R10 instead

silver alginate and gauze is if the dry gangrene turns into wet gangrene it potentially could spread

(B)

and that could be a serious problem."